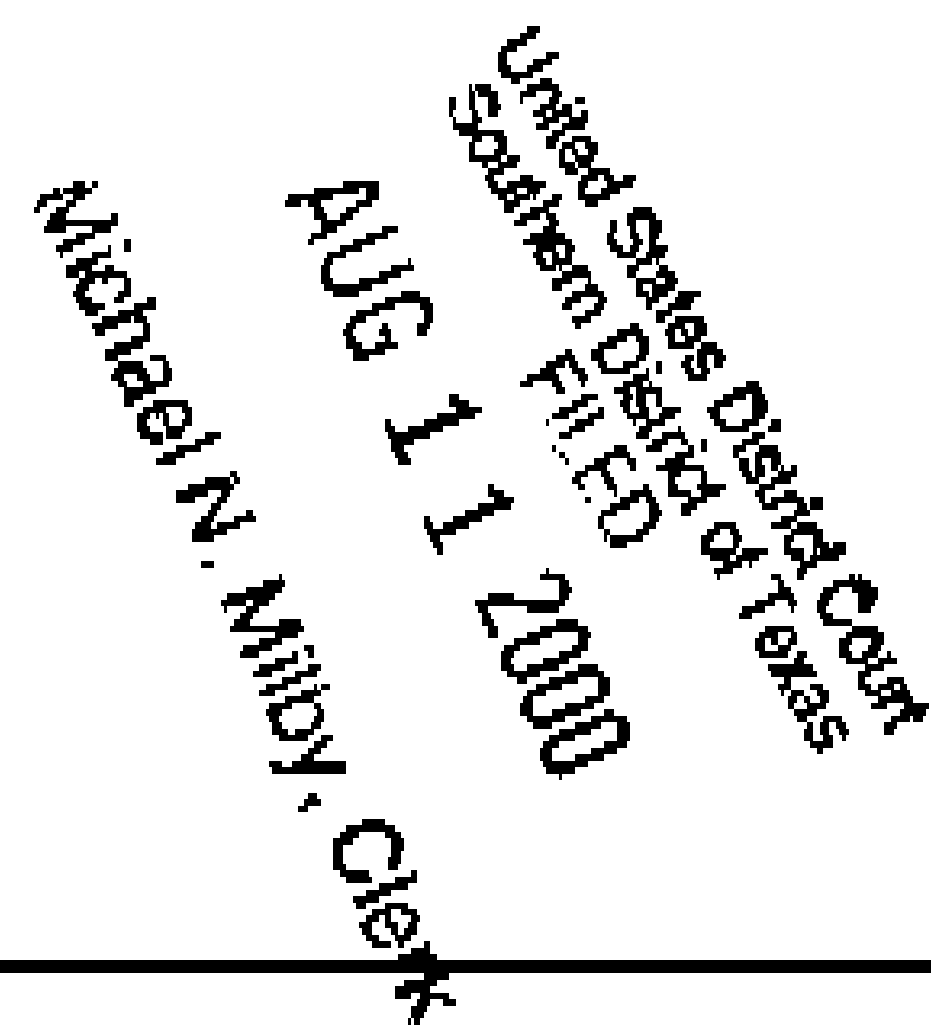



United States Bankruptcy Court
61288, Houston TX 77208SOUTHERN DISTRICT OF TEXAS P.O.Box
(Houston Division)

PROOF OF CLAIM

Name of Debtors _____ Stage Stores, Inc., a Delaware corporation _____ Specialty Retailers, Inc., a Texas corporation _____ Specialty Retailers, Inc. (NV), a Nevada corporation *place an "x" beside the name of the Debtor you are filing a claim against		Case Number 00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	Creditor ID#: 788-64504 
Name of Creditor (The person or other entity to whom the debtor owes money or property): Weebok/Haddad Apparel	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.		
Name and address where notices should be sent: ***** AUTO**ALL FOR AADC 07099 Weebok/Haddad Apparel 90 E 5th St Bayonne NJ 07002-4261 	Check box if you have never received any notices from the bankruptcy court in this case Check box if the address differs from the address on the envelope sent to you by the court.		
Account or other number by which creditor identifies debtor:		Check here _____ replaces if this claim _____ amends a previously filed claim, dated: _____	
1. Basis for Claim XXX Goods sold _____ Services performed _____ Money loaned _____ Personal injury/wrongful death _____ Taxes _____ Other _____		_____ Retiree benefits as defined in 11 U.S.C. § 1114(a) _____ Wages, salaries, and compensation (Fill out below) Your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	
2. Date debt was incurred: VARIOUS		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ 39,780.89 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. _____ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim. _____ Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: _____ Real Estate _____ Motor Vehicle _____ Other All personal and intangible property of Debtor's Estate Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		6. Unsecured Priority Claim. Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: _____ Wages, salaries, or commissions (up to \$4,300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) _____ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). _____ Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). _____ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). _____ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). _____ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) - _____ *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space is for Court Use Only	
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.	
Date	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):		

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

STATEMENT			ACCOUNT NO.
MO	DAY	YR	
07	31	00	S646M

 SPECIALTY RET 6/1/2000
 P. O. BOX 20768
 HOUSTON

TX 77225

WEEBOK

DATE			INVOICE NUMBER	STORE NUMBER	CODE	TERMS	DUE DATE	AMOUNT
MO	DAY	YR						
03	13	00	9475547		C	NET 30	3/13/00	184.95
03	30	00	9476524		C	NET 30	3/30/00	450.00
03	30	00	9476530		C	NET 30	3/30/00	450.00
04	13	00	9477025		C	NET 30	4/13/00	594.54
04	13	00	9477026		C	NET 30	4/13/00	1021.68
04	13	00	9477030		C	NET 30	4/13/00	120.00
05	04	00	1131832	601	I	NET 30	6/04/00	13248.00
DIVISION TOTAL:								39780.89
*** CONTINUED ***								